

CHAPTER 14

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CHAPTER 14

“RR” PORTION OF PASRR

14.1 GENERAL

Federal regulations require that each resident of a NF with MI and/or MR/DD receive, at a minimum, a Level II RR at each significant change in mental health or MR/DD condition. Indiana’s PASRR program also provides for yearly resident review for certain NF residents.

14.1.1 Types Of RR

Resident Review (RR) is an evaluation and determination for NF residents who:

- a) are suspected of having mental illness (MI) and/or mental retardation/developmental disability (MR/DD); and
- b) have experienced a significant change in MI and/or MR/DD condition (Significant-Change RR); or
- c) are identified by the CMHC or D&E Team/BDDS Office for yearly follow-along through a prior Level II assessment (Yearly RR); or
- d) are identified as requiring Level II, but whose timely assessment was missed (“Missed RR”) as:
 - 1) “Missed PAS;”
 - 2) “Missed YRR;” or
 - 3) “Missed Significant-Change RR.

14.1.2 Determining Need for RR

Need for RR may be identified by:

- a) the NF;
- b) the hospital;
- c) the CMHC or D&E Team/BDDS Office; or
- d) the Medicaid NF Audit Review Team.

Need for RR Level II will be based on:

- a) a finding of the prior Level II that Yearly RR is required; or
- b) a finding that PAS or RR Level II was required, but was never completed; or
- c) a significant change in mental health or MR/DD condition identified by the MDS; or
- d) a Medicaid NF Audit Team determination that a Level II is needed.

NOTE: The Level I: Identification Screen form is **only used for PAS**. It is **no longer required for RR** Level II. It is optional for NF use to determine need for RR, and may be voluntarily used to identify residents needing Level II assessment.

If the Medicaid NF Audit Team determines that a RR is required in disagreement with a NF's finding, the Medicaid NF Audit Team will:

- a) certify its decision, explaining the reason RR is needed on the Audit Worksheet.; and
- b) promptly contact the CMHC or D&E Team to do a Level II

The need for RR Level II assessment should be certified by:

- a) the CMHC or BDDS Office on page 4 of the Level II: Mental Health Assessment for future Yearly RR assessments; or
- b) the NF for significant-change in condition in its referral letter to the CMHC or BDDS Office.

14.1.3 CMHC and D&E Team Action

Upon receipt of a NF referral, the CMHC or D&E Team must:

- a) review all submitted materials; and
- b) identify what kind of RR is being referred; and

c) make a decision regarding the individual's need for and appropriateness of a Level II assessment. The CMHC or D&E Team should resolve any questions, inconsistencies, or lack of information in the NF referral by contacting the initiating NF.

The finding may be that:

- a) RR Level II is required (YRR, Significant-Change, or "Missed Level II");
- b) RR is not required at this time; or
- c) RR should be deferred due to a resident's inability to participate in the assessment.

When it is decided that RR is not required or should be deferred:

- a) the CMHC will document its decision on an MI: Inappropriate Referral form; or
- b) the D&E Team will document it in writing on company letterhead.

The completed MI: Inappropriate Referral form or D&E Team letter will explain the circumstances related to the deferral decision.

Decisions to defer a RR Level II should first consider:

- a) the reported seriousness of the individual's mental health or MR/DD condition;
- b) need for intervention
- c) intensity of anticipated treatment; and
- d) provision and efficacy of interim mental health and/or MR/DD services.

When the Level II is deferred, the NF is responsible to monitor the individual's condition and make referral to the CMHC or D&E Team when the individual becomes able to participate in Level II. The D&E Team will inform the BDDS Office.

The CMHC or D&E Team will take action to conduct the necessary Level II assessment and forward it to the State.

PASRR Unit or BDDS Office for final determination within the following time frames.

14.1.4 NF Transfers and Readmissions

Residents who are transferred between NFs, with or without a hospital stay, are subject to RR. Prior to admission, the NF will need to assure that required PAS or RR Level II assessment was completed. As soon as it is determined that:

- a) the PAS was missed in that an individual has been a NF resident for more than one (1) year; and/or
- b) the PAS 4B has already been issued;
- c) the "Missed PAS" requires a RR Level II.

14.1.4.1 Transfers

An "interfacility transfer" occurs when an individual is transferred from one NF to another NF, with or without an intervening hospital stay.

PRIOR to transfer, the admitting NF should:

- a) ensure that timely PAS and/or PASRR assessment was completed, if required, in the discharging NF;
- b) obtain a copy of applicable and available documentation, including but not limited to:
 - 1) the last Level I form and Application;
 - 2) most recent Level II;
 - 3) current medical information, certified Form 450B (Physician's Certification), nurse's notes and the most recent MDS; and
- c) preview all documents, including the Level II, for use in care planning for the transferring resident and to assure that it accepts only those individuals whose needs the NF can meet; and

- d) review all records to ascertain whether the Level II is current, i.e., whether a significant change occurred in mental health or MR/DD condition and the required Level II for this change in condition was completed.

The discharging NF must:

- a) send to the new (admitting) NF originals or copies of the resident's documentation, as applicable and available:
 - 1) most recent Level I and Application;
 - 2) most recent certified Form 450B, Physician's Certification;
 - 3) most recent PAS or RR Level II and MDS reports;
 - 4) PAS Form 4B; and
 - 5) current medical information, including nurses' notes; and
- b) if there has been a change in condition which requires a RR, complete a new Significant-Change RR PRIOR to the transfer.

Following admission, the new NF will ascertain:

- a) if Yearly RR is required:
 - 1) as noted in the service recommendations portion (page 4) of the MI Level II or on the MR/DD Certification; and
 - 2) if needed, notify the local CMHC or D&E Team/BDDS Office of each transfer from another NF who requires Yearly RR; and/or
- b) if Significant-Change RR was needed:
 - 1) but not completed; and
 - 2) notify the local CMHC or D&E Team and submit the necessary documents for Level II to be completed.

Need for Yearly RR should be noted on the resident's chart and flagged for quick reference for requests from the Medicaid NF Audit Review Team.

14.1.4.2 Readmissions from Hospital

An individual is a "readmission" if he or she:

- a) has been receiving continuous medical care in a NF prior to hospitalization; and
- b) is readmitted to a NF (the same or a different NF) from a hospital to which he or she was transferred for the purpose of receiving care.

There is no limit to the type or length of hospital stay. (For purposes of IPAS and PASRR, the Medicaid 15-day bed-hold is not applicable.)

Under PASRR, an individual's readmission to the same or a different NF depends on:

- a) the type of care provided in the acute care hospital bed; and
- b) if PASRR Level II is needed, whether a current Level II exists for the individual.

NOTE: A PASRR Level II is considered "current" until the individual has a significant change in mental health or MR/DD condition, as applicable.

14.1.4.2.1 Prior PAS or RR Level II

Prior to discharge to the NF, the hospital discharge planner will need to:

- a) identify if the individual has been hospitalized for inpatient psychiatric care (in a designated psychiatric unit or other inpatient bed); and
- b) coordinate with the NF from which the individual was admitted to determine if the individual has a current Level II.

When there is a current Level II, the NF may directly readmit the individual and have the new Significant-Change RR Level II completed after readmission.

Prior to but no later than at the time of readmission, the hospital must provide a letter of assurance with the following documentation to the NF:

- a) the patient is stable and not a danger to him/herself or others; and
- b) information on the mental health services the individual needs after NF readmission.

This information must be retained in the resident's active record at the NF in lieu of a new Significant-Change RR, replaced by the RR Level II done following the readmission.

After the individual has been readmitted, the NF will promptly:

- a) notify the CMHC or D&E Team/BDDS Office of need for a Significant-Change RR; and
- b) send a copy of the hospital's letter of assurance with other referral documentation to the CMHC or D&E Team.

NOTE: If Yearly RR falls due during a hospital stay for medical only care, the NF will notify the CMHC or D&E Team as soon as the resident is readmitted. The Level II will be performed within the required quarter or no later than the quarter immediately following readmission to a NF.

14.1.4.2.2 No Prior PAS or RR Level II

The NF must not readmit the individual until a PASRR determination has been rendered.

When the hospital determines that the individual:

- a) does NOT have a current Level II;
- b) but has had a significant change in mental health or MR/DD condition; and
- c) requires a Significant-Change RR Level II:

the Significant-Change RR must be completed PRIOR to readmission to a NF.

NOTE: For MI, the Level II may be completed by either the CMHC or the hospital in which the resident is an inpatient. For MR/DD, it must be completed by the D&E Team.

When a hospital completes the PASRR/MI Level II: Mental Health Assessment for an inpatient, PRIOR to readmission of the resident it will:

- a) obtain a new Form 450B, Physician Certification; and
- b) prepare a FAX packet with a FAX cover sheet clearly noting that the Level II is for Significant-Change; and
- c) FAX the cover letter, Level II, new Form 450B, discharge summary and other pertinent documentation to the State PASRR Unit for determination.

The MI Level II will be processed as follows:

- a) the State PASRR Unit will promptly issue a PASRR determination letter/certificate to the identified hospital; and
- b) the hospital must provide to the selected NF (no later than at admission):
 - 1) the case documents which were FAXed to the State PASRR Unit, including the original MI Level II; and
 - 2) the FAX copy of the PASRR determination letter/certificate.

14.1.5 RR Level II Assessment

See Chapter 13 for information about the PASRR Level II assessment form and process.

In addition, the RR Level II assessor should always:

- include a face-to-face interview with the resident; and

- review the resident's MDS, pertinent chart documentation, and available materials from other sources which pertain to the Level II assessment.

When a hospital completes the PASRR/MI Level II assessment for a patient in an acute care bed, it should also coordinate the assessment with information from the NF and the most recent MDS, whenever possible.

The RR is an interactive process with the NF's assessment and care planning system in which the MDS and Level II assessment complement each other. The hospital, CMHC and D&E Teams will:

- utilize documentation and information found in the current MDS;
- confer with the NF staff as necessary concerning areas of discrepancy or inaccuracy; and
- respond to and resolve questions from the resident, responsible person, and NF.

NOTE: The CMHC or D&E Team will conduct the mental health or DD portion of the Level II assessment to the point that necessary findings can be made. When applicable, the CMHC will use the Inappropriate Referral form to document why a complete MI Level II assessment was not done. The D&E Team will document its findings on its letterhead.

The D&E Team must notify the BDDS Office when the referral is received.

The NF must:

- utilize the findings of the RR in its care planning and service provision for each resident; and
- share questions which arise concerning a resident's MI and/or MR/DD condition and functioning in consultation with the Level II assessor(s).

14.2 "SIGNIFICANT-CHANGE IN CONDITION" RR

Federal regulations require a NF to monitor each resident's condition and, when there is a significant change in MI or MR/DD condition, make a referral to the CMHC or D&E Team for a new Level II assessment. The following procedures apply to "Significant-Change" RR assessments.

14.2.1 Identification of Significant-Change

For residents with MI and/or MR/DD conditions, the NF must:

- monitor each resident's condition; and
- determine whether, based on "significant change in condition" criteria defined in the MDS, there has been a significant change in the resident's condition which would have a bearing on his or her mental health or overall MR/DD functioning needs; and
- make necessary referrals for Significant-Change RR.

NOTE: When a Level II assessment was required but not completed, it is the responsibility of the NF to make referral for "Missed RR."

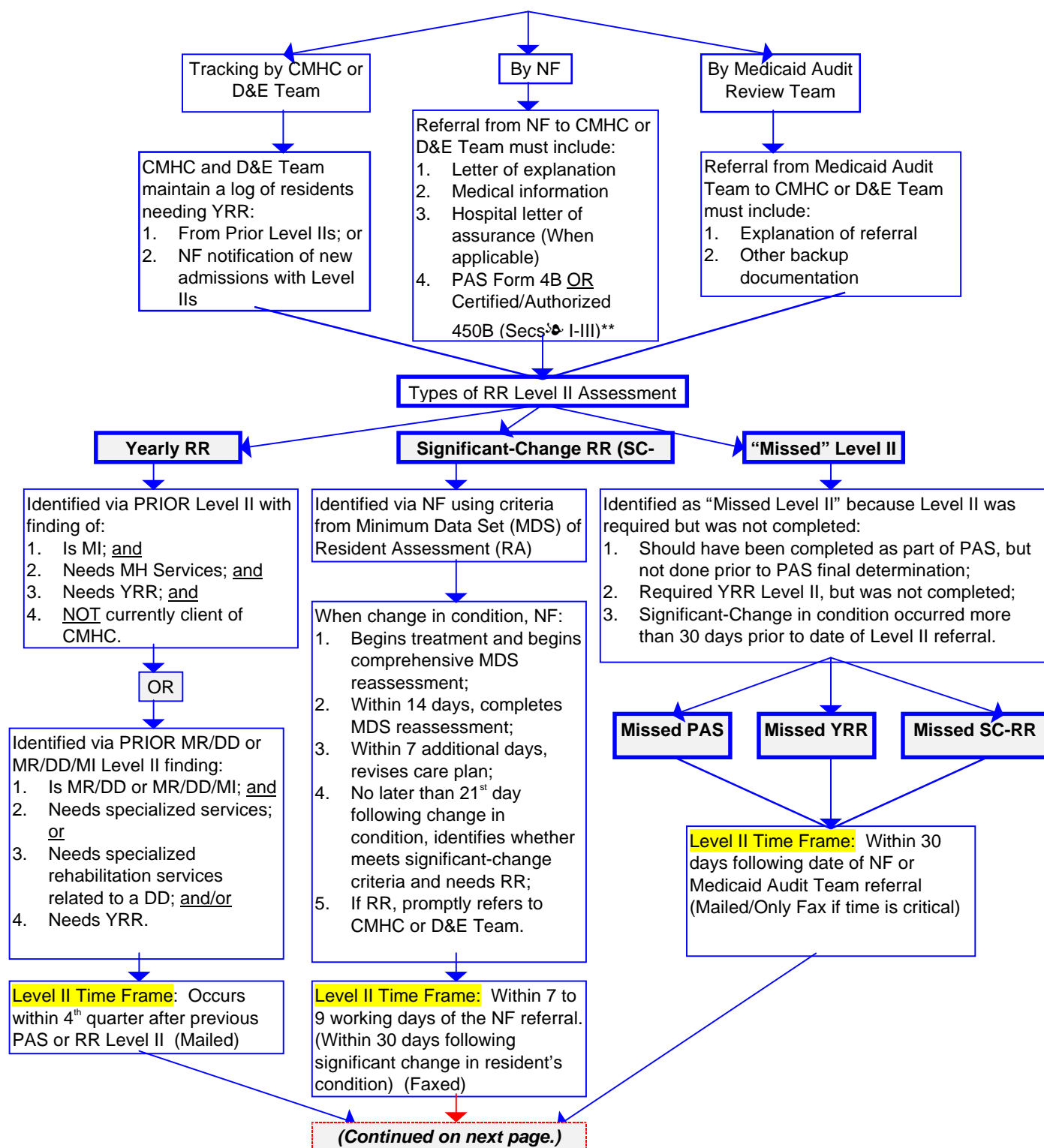
14.2.2 Referral for Significant-Change RR

The NF must:

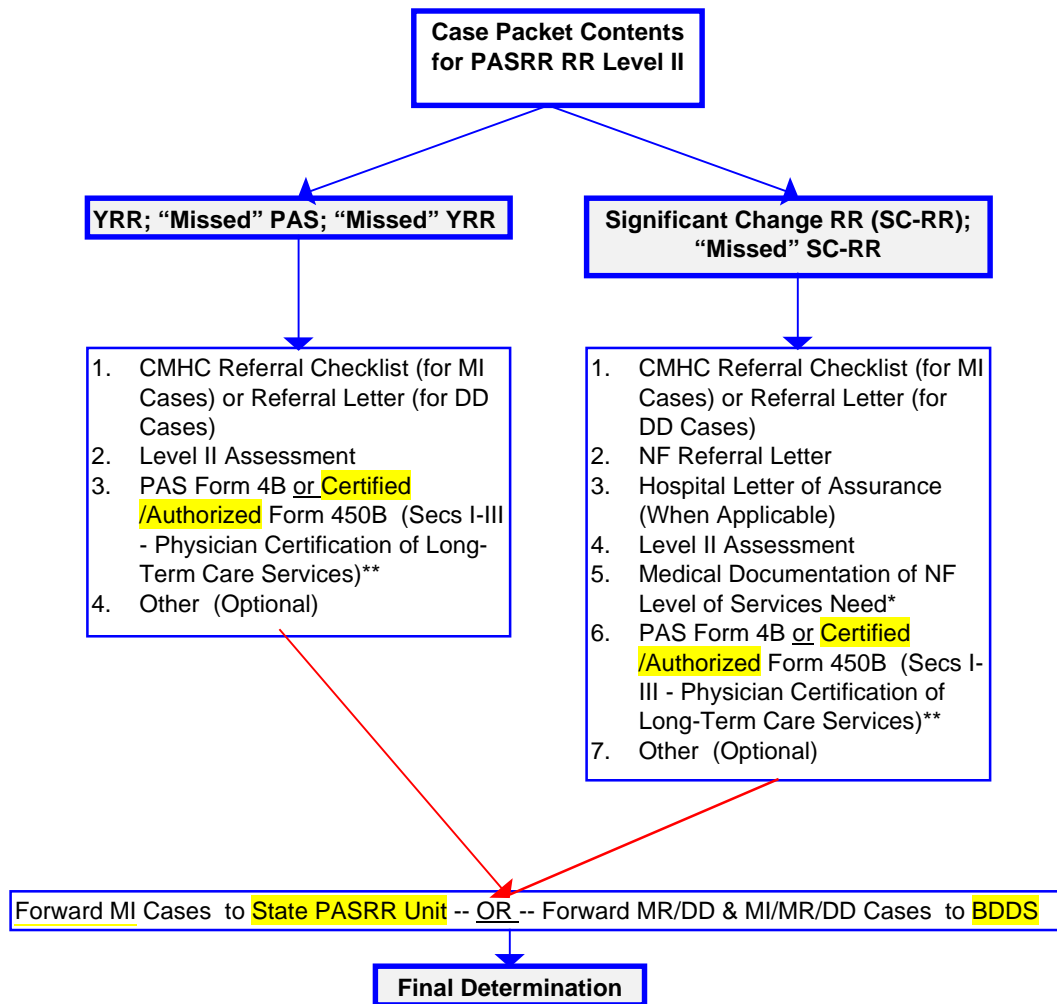
- make referral for Significant-Change RR Level II to:
 - the local CMHC for residents with MI conditions; or
 - the D&E Team for residents with MR/DD;
- within the time frames of Chapter 12.2.3.

RESIDENT REVIEW (RR) PASRR (Chapter 14)

Referral for PASRR RR Level II



(Continued from prior page.)



* NF must provide documentation to show NF Level of Services need. Documentation may be on a new (non-certified/non-authorized) Form 450B, Secs I-III; OR a prior certified Form 450B with additional information attached; OR nurses notes; etc.

The CMHC or D&E Team is not required to make a judgment on the adequacy or appropriateness of documentation submitted by the NF. When insufficient, the State PASRR Unit will get additional information directly from the NF.

** A case may contain two (2) Forms 450B (Secs I-III): ① a non-certified/non-authorized form to establish NF Level of-Services need; and ② a certified/authorized form to establish IPAS compliance.

- no later than the 21st day following the change in condition, the NF must identify whether the change meets the criteria for a "significant change in condition" and requires a RR; and
- if a RR is needed, the NF must promptly make a referral to the appropriate CMHC or D&E Team. The D&E Team must inform the BDDS Office.

"Promptly" means that the action must begin immediately.

NOTE: When inpatient psychiatric care is needed, the NF should not wait for these time limits to obtain care or services for the resident. Inpatient psychiatric care should be provided as soon as it is identified that it is needed.

The significant change in condition may or may not require hospitalization. (If the resident is hospitalized, but does not have a current PAS or RR Level II assessment, the RR must be completed and a determination made prior to readmission. See Chapter 12.1.4.)

NOTE: The NF should never delay provision of necessary services, including inpatient psychiatric care, pending PAS or RR Level II assessment. When there is a significant change in condition, the NF should promptly contact the CMHC or D&E Team or another appropriate service provider for the resident.

"Promptly" means that the action must begin immediately within the guidelines of Chapter 12.3.5.

14.2.3 MDS Time Limits for NF

MDS criteria sets specific time limits for the NF to identify whether there has been a "significant change in physical or mental condition." The NF may make referral for Significant-Change RR sooner than this time frame; but it should not be later.

Following the time frames given below, the NF should make Significant-Change RR referral no later than 21 days following the change:

- c) when there is a change in condition, the NF must begin treatment to meet the resident's immediate needs and begin a comprehensive MDS reassessment;
- d) within 14 days of the change, the NF must complete the MDS reassessment;
- e) within 7 additional days, the NF must revise the resident's care plan based on the comprehensive reassessment;

14.2.4 Referral Process for Significant-Change RR

The NF will:

- a) promptly initiate the RR referral directly to the CMHC or D&E Team, as appropriate;
 - b) in writing, including the following:
 - 1) a letter from the NF explaining the change in condition which requires significant-change RR (when more than one resident is referred at a time, prepare a separate letter and packet for each resident);
 - 2) documentation to establish medical level of services need, which may include but is not limited to:
 - i) a copy of the most recent MDS; and/or
 - ii) a new Form 450B, Physician's Certification for Long-Term Care Services; and/or
 - iii) a prior certified Form 450B, Physician's Certification, plus additional information; and/or
 - iv) applicable nurses' notes; and/or
 - v) other appropriate documentation as determined by the NF; and
- for residents readmitted following discharge from hospitalization for a change in mental health or MR/DD condition, a copy of the hospital's letter of assurance to the NF.

NOTE: The CMHC or D&E Team is not required to make a judgment on the adequacy or appropriateness of documentation submitted by the NF. When insufficient, the State PASRR Unit will get additional information directly from the NF.

NOTE: A NF Audit Team Worksheet, Form 450B, MDS, or other documentation are considered to be "current" when they reflect the resident's condition at the time of the Level II.

For accountability purposes, it is recommended that the NF should:

- a) retain a copy of the referral letter to the CMHC or D&E Team; and

- b) follow-up with a telephone call to assure that the referral was received and directed to the appropriate individual within the CMHC or D&E Team.

This process applies to all residents who have experienced a significant change in condition, whether hospitalized or remaining in the NF.

14.2.5 Time Limits for Significant-Change RR

The full RR assessment and determination must be completed within applicable time frames, calculated as follows:

- a) the NF must notify the CMHC or D&E Team of the need for a significant change resident review within 21 days of the significant change in condition (See Chapter 12.2.); and
- b) the full RR Level II assessment from the date of referral from the NF to the final determination from the State PASRR Unit must be completed within an annual average of 7 to 9 working days of the NF referral.

Thus, the RR will be completed within 30 days following the actual significant change in the resident's condition.

14.2.5.1 CMHC and State PASRR Unit Time Limits

The CMHC will:

- a) complete the Level II assessment as soon as possible; and
- b) submit the Significant-Change RR packet to the State PASRR Unit as soon as possible;
- c) but no later than four (4) working days from the date of referral by the NF.

To expedite processing to meet time limits:

- a) the CMHC may FAX a copy of the case packet to the State PASRR Unit; and
- b) the State PASRR Unit will issue the PASRR RR Determination Letter by return FAX to the CMHC.

The CMHC will:

- a) make a copy of the determination Letter for its file; and
- b) attach the original to the case packet, and forward the entire case to the appropriate NF for the resident's chart.

The State PASRR Unit will review the packet and issue the Level II determination as soon as possible, but no later than one (1) working day from the date of receipt.

14.2.5.2 D&E Team and BDDS Office Time Limits

The D&E Team will:

- a) complete the Level II assessment as soon as possible; and
- b) submit the Significant-Change RR packet to the BDDS Office as soon as possible;
- c) but no later than four (4) working days from the date of referral by the NF.

The BDDS Office will review the packet and issue the Level II determination as soon as possible, but no later than one (1) working day from the date of receipt.

The BDDS Office will coordinate its action with the State PASRR Unit as required.

14.3 "MISSED LEVEL II" RR

Regulations specify that a Medicaid-certified NF must not admit or retain an individual who requires Level II, but has not been assessed and a determination made. Therefore, at any time that a missed Level II is identified, the Level II must be completed or the individual can no longer remain in a Medicaid-Certified NF.

A "Missed Level II" denotes a situation in which a Level II was required but was not completed in a timely manner. A "Missed Level II" may be for:

- a) "PAS:"
 - 1) required Level II was not completed; or
 - 2) deferred Level II should have been triggered as a RR within a specified time following admission to a NF, but was not; or
- a) "Yearly RR:" a YRR was not done; or
- b) "Significant-Change RR:" a change in condition occurred more than thirty (30) days prior to the date referral should have been made by the NF.

"Missed Level II" may be identified and referred for assessment by:

- a) the NF;
- b) the Medicaid NF Audit Team;
- c) the State OMPP or State PASRR Unit; or
- d) the CMHC or D&E Team/BDDS Office.

"Missed Level II" assessments will:

- a) follow the procedures for Significant-Change RR; except that
- b) the Level II must be completed no later than 30 calendar days following the date of NF or Medicaid NF Audit Team referral.

14.4 "YEARLY" RR

Need for Yearly RR (YRR) assessments will be identified as a result of a prior PAS or Significant-Change RR or current YRR Level II. The CMHC or D&E Team will schedule YRR assessments throughout the year.

For each resident who had a PASRR Level II assessment, a NF should always:

- a) determine whether the resident will require a Yearly RR as indicated on:
 - 1) for MI, page 4 of the Level II: PASRR/MI Mental Health Assessment (see Appendix Z) will be checked whether YRR is needed; and
 - 2) for MR/DD, the Pre-Admission Screening/Resident Review Certification for Nursing Facility Services form (see Appendix CC); and
- b) promptly notify the local CMHC or D&E Team/BDDS Field Office of new admissions which transfer from another NF who need Yearly RR.

14.4.1 YRR: Purpose

In addition to the purposes of the Level II assessment discussed in Chapter 13, the purpose of the YRR is to ascertain and document:

- a) whether the resident is receiving identified and needed mental health and/or MR/DD services;
- b) why a resident, identified as needing mental health and/or MR/DD services but not receiving them, is not provided these services;
- c) changes in required mental health and/or MR/DD services; and
- d) whether the resident will continue to require Yearly Resident Review.

14.4.2 YRR for MI Residents

- a) Residents who require YRR are those who have previously been assessed under PAS and/or RR Level II and found:
 - b) to be MI; and
 - a) to need mental health services; and
 - b) to NOT currently be under treatment or monitoring by an Indiana CMHC and have not been previously reviewed to assure that:
 - 1) an appropriate plan of care has been developed and followed; and
 - 2) necessary mental health services are provided; and
 - d) by the State or State contractors (i.e., CMHCs) to require Yearly Resident Review.

NOTE: For YRR NF residents who are current CMHC clients, the CMHCs should:

- a) continue tracking;
- b) but not complete YRR unless the CMHC is notified that the resident has had a significant change in condition.

14.4.3 YRR for MR/DD and MR/DD/MI Residents

Residents who require YRR are those who have previously been assessed under PAS and/or RR Level II and determined:

- a) to be MR/DD or MR/DD/MI and require specialized services; or
- b) to be MR/DD or MR/DD/MI and require specialized rehabilitation services related to a developmental disability; or
- c) by the State or State contractors (i.e., D&E Teams) to require Yearly Resident Review.

14.4.4 Recording YRR Decision

At each PAS and RR Level II assessment, the CMHC or D&E Team/BDDS Office will identify residents needing YRR follow-along as part of the service(s) findings.

This determination will be recorded in the services identification section of the Level II assessment. The appropriate box should be checked or a short notation entered stating, "Yearly RR Required."

14.4.5 Tracking YRR

TRACKING: It is the responsibility of each CMHC and D&E Team/BDDS Office to maintain a log and tracking system for:

- a) those NF residents in its geographic area who require Yearly RR review; and
- b) (for CMHCs) those NF residents in other geographic areas for whom the CMHC is the gatekeeper.

NOTIFICATIONS: In order to track residents needing YRR, the following notifications will need to occur:

- a) each IPAS agency will:
 - 1) send to the CMHC (for MI) or D&E Team (for MR/DD/MI) a copy of the form PAS 4B of PAS Level II assessments; and
 - 2) if the NF designation on the PAS 4B is "Undecided," notify the CMHC or D&E Team of the NF's name and address when the IPAS agency determines the specific NF to which the IPAS case packet should be sent; and
- b) each NF must:
 - 1) identify admissions and transferred residents who need YRR; and
 - 2) notify the local CMHC or D&E Team of transfers from other NFs (directly or via the hospital) who need YRR.

The D&E Team will notify the BDDS Office of the transfer.

The names of individuals determined to need YRR shall be added to the tracking log of the CMHC or D&E Team/BDDS Office. (And the CMHC or D&E Team/BDDS Office will delete from its log the name of a resident who has left its catchment area, unless the CMHC is the gatekeeper.)

For MI, the CMHC will:

- a) maintain a log and tracking system for Yearly RR;
- b) conduct Level II assessments, determine the mental illness diagnosis and the need for mental health services and Yearly RR;
- c) compile a Level II case packet for submission to the State PASRR Unit; and
- d) confer and coordinate with the NF on the needs of residents who require RR.

For PASRR/MR/DD or MR/DD/MI, the D&E Team will:

- e) maintain a tracking system and log of individuals who require yearly resident review;
- f) notify the local BDDS Field Office that:
 - 1) a RR due to a significant change has been requested; or
 - 2) a yearly resident review is due;
- g) conduct the MR/DD Level II assessment; and
- h) submit the case packet to the local BDDS Field Services Office.

NOTE: For NF transfers:

- a) the first NF must promptly provide a copy of the last Level II assessment, certified Form 450B (Physician Certification), form PAS 4B, and Level II determination to the second NF; and
- b) the receiving NF should provide a copy of the Level II to the local CMHC or D&E Team when the Level II was completed:
 - 1) by a hospital; or
 - 2) by a CMHC or D&E Team from another area.

14.4.6 Timeliness for YRR

As a general guideline, "Yearly" is defined as occurring within every fourth quarter after the previous PAS or RR Level II. "Calendar quarter" is defined as one of the time periods consisting of:

1st Quarter: January 1 through March 31
 2nd Quarter: April 1 through June 30
 3rd Quarter: July 1 through September 30
 4th Quarter: October 1 through December 31

Since YRRs are a state and not a federal requirement, CMHCs and D&E Team should set up a general schedule for each NF in its area for YRR, spreading the NF YRR reviews throughout the year. Once this is established, the above guideline should be adhered to as much as possible.

NOTE: A YRR may be earlier, but should not be later, than the end of the quarter in which the anniversary date of the previous PAS or RR Level II falls. (For example, if the last Level II assessment applicable signature date is April 15, 1993, then the next Level II assessment is due no later than June 30, 1994.)

As YRR will no longer be linked to an annual NF visit by the Medicaid Audit Review Team, yearly assessments will occur when necessary throughout the year. However, to reduce costs, every attempt should be made to batch together Level IIs by NF. Logs maintained by the CMHC and D&E Teams will track due dates.

NOTE: Significant-Change RRs mandated by federal regulations should always receive first priority. YRRs may be slightly delayed for completion of Significant-Change RRs. When delay for YRR occurs, the CMHC or D&E Team should briefly explain circumstances on the Level II.

14.4.6.1 Level II Effective Date

The effective date of the YRR Level II is:

- a) the psychiatrist's signature date on the most recent MI Level II assessment; or
- b) the most recent signature date on the DD Level II assessment.

This date becomes the applicable anniversary date to determine the quarter in which the next Yearly RR is due.

14.4.6.2 "Missed YRR" Level II

A required YRR may be "missed" and should be completed as soon as possible, but no later than 30 days following referral or discovery that it was missed. (See Chapter 12.4)

14.5 ACTION WHEN SERVICES NOT PROVIDED

At each Level II assessment, the CMHC and D&E Team assessor will:

- a) review the resident's chart, prior Level II, and other documentation during the completion of the YRR; and
- b) determine whether identified mental health and/or MR/DD services were provided for the resident.

The Medicaid NF Audit Team will also:

- a) review the resident's records and most recent Level II during its audit activities; and
- b) determine whether the NF includes identified mental health and/or MR/DD service needs in the plan of care and providing, or making provision for, identified mental health and/or MR/DD services.

When the finding is that services were not provided and there is not an acceptable reason to explain why not, the following action will be taken, as appropriate:

- a) MI mental health services:
 - 1) the CMHC or Medicaid NF Audit Team will confer with the NF to ascertain why services were not provided; and
 - 2) the CMHC or Medicaid NF Audit Team will document its findings; and
 - 3) make a referral to the Long-Term Care Services Division of the Indiana Department of Health for follow-up;
- b) MR/DD and MR/DD/MI services:
 - 1) the D&E Team or the Medicaid NF Audit Team will document its findings; and
 - 2) notify the BDDS Office and the Indiana Department of Health, Long-Term Care Services Division for follow-up.

14.6 MEDICAID NF AUDIT TEAM FINDINGS AND PASRR RR

Under RR procedures, a PASRR Level II Mental Health Assessment or MR/DD assessment is considered "current" until there is a significant change in a resident's mental or MR/DD condition, regardless of the length of time since it was completed.

A determination of need for NF level of services by the Medicaid NF Audit Team includes the "current" PASRR Level II Mental Health Assessment or MR/DD/MI assessment. A new PASRR Level II: Mental Health Assessment or MR/DD/MI assessment are only needed if the resident's mental or DD condition significantly changed and a new assessment was not requested or a required Yearly RR was not completed.

A discharge finding may be based on one of the following:

- a) no need for NF level of services and no need for specialized services, regardless of length of stay;
- b) no need for NF level of services and need for specialized services, for a NF resident of less than 30-months; or
- c) need for specialized services, regardless of need for NF level of services, for a NF resident of less than 30-months.

As part of its decision-making protocol, the Medicaid NF Audit Team should:

- a) get a copy of the "current" Level II: Mental Health Assessment or MR/DD assessment from the NF;
- b) determine whether there has been a "significant change" in the resident's mental or DD condition since the last Level II was completed; and
- c) ascertain whether the "30-month" rule applies. (See Chapter 17 of the Manual.)

NOTE: The Medicaid NF Audit Team should refer for a new PASRR Level II: Mental Health Assessment by the CMHC or Level II DD assessment by the D&E Team only when there has been a significant change. The nature of the significant change should be clearly documented. The decision for discharge may only be due to lack of need for NF level of services.

